

WRITE PLAINLY IN INK. THIS IS A PERMANENT RECORD. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 123County Registrar No. 922

Local Registrar No. _____

No. 20 Hill St.

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Carlota Valdevia3. Sex of Child
Female
To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth Nov. 4, 1926
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Serapis Valdevia9. Residence
(Usual place of abode)
Miami,If non-resident, give place and state. Arizona10. Color or race Mex.11. Age at last birthday 4.5 (Years)12. Birthplace (city or place) Jalisco,(State or country) Mex.13. Occupation Section handNature of industry R.R.

14. MOTHER

Full maiden name Virginia Franco15. Residence
(Usual place of abode)
Miami,If non-resident, give place and state. Arizona16. Color or race Mex.17. Age at last birthday 30 (Years)18. Birthplace (city or place) Jalisco,(State or country) Mex.

19. Occupation _____

Nature of industry Housewife20. Number of children of this mother
(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 6(b) Born alive but now dead 1

(c) Stillborn _____

21. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 6 P. m. on the date above stated
(Born alive or stillborn.)*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature Cyril M. Brown M.D.

(Physician or midwife)

Address Miami, ArizonaGiven name added from
a supplemental report.

Month, day, year

Filed Nov 23, 1926 Le E. Davis

Local Registrar.

Registrar _____

Filed _____, 19 _____

County Registrar.

351-1104-566